Clinical Operations Workgroup

July 22, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good morning, everybody, and welcome to the HIT Standards Committee's Clinical Operations Workgroup. Just a reminder, there will be opportunity at the end of the call for the public to make comment and also, workgroup members, please remember to identify yourselves when speaking. Let me do a quick roll call. Jamie Ferguson?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Chris Chute? Martin Harris? Stan Huff? David Kates?

David Kates – Prematics, Inc. – Vice President Product Management
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Liz Johnson? John Klimek?

John Klimek – NCPDP – VP Industry Information Technology
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Wes Rishel? Nancy Orvis? Karen Trudel? Chris Brancato?

Chris Brancato – Deloitte – Manager, Health Information Technology
I'm here. Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director
Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Don Bechtel? Joyce Sensmeier? Did I leave anybody off? Jamie, I'll turn it over to you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
The purpose of our call today is just to have a quick touch point and discussion to see if we have new or different ideas about the work that we presented to the HIT Standards Committee in its last meeting. Since that's going to be coming up again on the agenda next week, we wanted to briefly review the fact that it had been discussed in the standards committee. Basically, we ran out of time because we were at the end of the meeting, and so we got continued over.

But the general topic is document standards for the discharge summary and other documents that may be required. Just as a brief review of what we had said last time, really we said that we wanted to insure that the work that was previously done on CCR and CCD could be reused really, and so we talked about how CCR represents the template content that's also in CCD, but that CCD has a number of specific templates for its different sections that could be extended into the areas of content that are required for the discharge summary that are not in the CCD, and so we summarized those on the slide deck from the last standards committee meeting, being things such as discharge diet, chief complaint, and so forth that would be needed in the discharge summary. We thought that a reasonable approach that we propose to the committee was to use the clinical document architecture in a set of templates that could take the templates from CCD, which includes the work from CCR, extend that into the areas of the new templates such as those that are required for the discharge summary, to create new documents, so that essentially we would be establishing a pattern of using CDA templates as a mechanism for assembling needed documents with the discharge summary being the first document that's needed.

Some of the discussion in the standards committee revolved around the fact that not everything is a document, and so perhaps we didn't make it clear enough in our presentation that this wasn't intended to be all of everything for all messaging needs in meaningful use, but rather, just when documents are needed, this is a convenient and recommended way of assembling documents that are needed from templates that can reuse the existing work. And so I think there was general support for this direction.

There was some question, Carol Diamond in particular, asked whether this is the vehicle that's going to carry us forward is CDA is the right chasse for that vehicle, I think was the phrase that she used. And so I did want to ask the group for additional input and see if there are alternative standards that could accomplish the same end and could meet the same requirements of reusing the existing work in CCR and CCD. With that background, I just wanted to throw it open to the group for discussion.

David Kates – Prematics, Inc. – Vice President Product Management
I was not at the last discussion, but it seemed like the CCR and CCD standards are pretty much the well-established constructs for being able to contain that, and with the extensions that CCD offer to the CCR. I'm not sure that there are any others that are really widely adopted or that are well suited to it. I mean, it seems like the right, logical conclusion. I'm not sure.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Right. I mean, I just want to bring the question back because it came up, but there weren't any other answers in the standards committee either.

David Kates – Prematics, Inc. – Vice President Product Management
Yes. If there are other documents out there that AHEMA or some other organization that sort of lives and breathes in the discharge summary world recognizes, they certainly should be considered, but I'm not aware of any.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes, Jamie. I think, but her question was based on our notion, the notion that had been proposed of using the CDA templated model to go forward. I'm not aware of any other effort that provides that model, not just a single document, but a model for being able to generate the definitions of any type of documents once it's determined that a document is what should be defined.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Right, right.

M
We'd love to fill more time, but I don't know that there's much more discussion … at least in the group.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Well, I had to bring the question, right? I don't know of any either, frankly, that could meet this need for those requirements. Now let me go a little bit off topic and come back, and obviously our scope here is strictly standards within the United States, and not any international standards. However, I noted that in its project committee meeting last week, the National Health Services of the U.K. gave its highest priority to the development of a data content logical model for discharge summary in terms of the development work being done for the National Health Service. And so that, the work package to develop the discharge summary logical content was given the highest priority by the project board just last week, and so its rough timing over there in the U.K. is they will initiate the project roughly within the next two months, and they expect to have a final design completed by March 2011 at the latest, and then to have testing of various implementations, including a CDA implementation of that logical design done in the U.K. across the NHS through their national integration center in April and May of 2011.

I thought it was kind of interesting that there are multiple efforts focused on the discharge summary in different countries. Because they're starting with a logical model of looking only at the data content requirements, actually starting with their paper-based requirements, I thought there might be some possibility of either, I don't know if it's coordination or cooperation, or if it's just that we want to monitor what they're doing and use it to inform our work and our own recommendations of standards for discharge summary, but I did want to bring this point up to the group and see, you know, if we can benefit in the U.S. from leveraging that work in the U.K.

M
It probably seems like a sound idea. I guess what we'd want to do is get sort of one of the FDOs, HL-7 or ASTM, around and use the CCR, CCD construct, but look at those other efforts that are going on internationally, maybe point them towards….

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
You know, actually, they're specifically doing it not with the SDOs because they want to come up with their logical content model first in terms of what's the information model that they need to represent in discharge documents. And then, as a next step basically next year, they'll turn to the SDOs for implementation guidance in the standards that it would be implemented in. And so their approach is purely to look at the business requirements of the logical data model first.

M
Right. So again, it seems like a sound suggestion. What's the mechanism if we were to go and agree that that's something that we want to go and track and incorporate as appropriate?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes, and that's my questions too. I don't really know. I think that there should be an announcement hopefully soon of a new standards harmonization entity. And we might want to coordinate with that group, but I would be surprised if their task order included anything about international, anything at all.

Lisa Carnahan – National Institute of Standards Technology – Chair

Right, but, Jamie, they certainly – is it worth discussing whether—? I guess we need to wait until the harmonization entity is created, but is this considered a priority? Would this be a priority for them or a work item in their first set?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes. I don't know. But it's just a remarkable coincidence that the discharge summary is one of the first required documents that's going on in multiple countries. And, frankly, because they do implement in both CDA and SNOMED and LOINC, and while we might have different representation in medications between these two particular countries, there's certainly a lot of overlap. And it seems like it would be a waste not to have any coordination.

Lisa Carnahan – National Institute of Standards Technology – Chair
Absolutely.

M
Right. Maybe we'll just bring that as a bullet point to the standards committee as a suggestion and see what other ….

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
I wonder, is it a question really for the standards committee, or is it a question first for ONC what's the appropriate--? I mean, my thinking is we ought to just basically talk to Doug and see if there's any way within the ONC SNI framework that this kind of coordination on a particular issue should be handled. I think, frankly, he answered that pretty bluntly in the last standards committee meeting saying no, that there's no international anything in our scope. But where it's basically the same document is being redesigned, using many of the same standards, just seems like an opportunity to me somehow. I'm just not sure how to work it.

M
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
Yes. So I think, to Doug's comment, I appreciate his comment, but it's see them now or see them later because the standards, the U.S. standards part of things may decide to track it and follow it and hit it from that end. So I agree with you, we need a mechanism to be able to have that. I don't know if coordination is too strong a word, but certainly tracking and then, if possible, some level of coordination.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
Because it's going to end up in the standards body at some point, and ….

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Exactly, and it's going to end up in the standards body … potentially the same document with requests from two different countries at the same time.

Lisa Carnahan – National Institute of Standards Technology – Chair
Right, right, so I don't think it's in our interest to ignore it, and I don't think Doug was probably suggesting ignoring it or ignoring international efforts. So it makes sense to try to establish it as soon as possible than waiting down the road because it will need to be done.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair
But I agree. I think it's an ONC question to decide if, at their level, they want to establish some level of coordination or if that would come out of the harmonization body. If the harmonization body, if they decide one of their areas to pursue is the discharge summary, they too can also then reach out and establish.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Right. Exactly. I guess the other thing that I thought was very interesting is the process being used in the NHS of very strictly looking only at the functional data requirements versus before really considering the implementation specifications in particular standards. I think they're looking at use case specific models and constraint expressions that would be required essentially generic models. Then later they would move to candidate implementations, interoperability specifications for testing.

I think we've probably exhausted that one, so if there are, frankly, if there are no other ideas, I think we've fully exhausted our main agenda topic.

Lisa Carnahan – National Institute of Standards Technology – Chair
I did have a question. You addressed it, and now it's gone out of my head. Because there wasn't time at the last committee meeting, is the proposal to establish the pattern of using CDA templates? Is that going to be on the agenda again in the next standards committee meeting?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Yes. John Perlin was pretty explicit last time. He wanted to continue the discussion in the next standards committee meeting. Judy, I haven't seen the order of things in the agenda, but I'm sure that this will be on there.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes. It's definitely on there. I have to redo the agenda, so I'll get that out to you all later today.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Good. Now also as a point of information for folks on this group, the vocabulary taskforce, which is a subgroup of this workgroup, is planning hearings September 1st and 2nd. We have a draft set of questions and organization of panels. The subject of this, as I think you've all been updated on this previously, is regarding the infrastructure requirements for providing vocabularies to meaningful use implementers, specifically around the value sets for quality measures and other performance measures, the subsets that may be convenient subsets made available, for example, from the National Library of Medicine for potential meaningful users, and also for the vocabularies themselves, the entire base standard of all the vocabularies required for meaningful use were indicated in the standards rule.

And so, this goes along with our recommendations to Dr. Blumenthal of a couple months ago to establish a single, central office or agency in the federal government for coordinating all of the vocabulary standards needed for meaningful use and to establish infrastructure for one stop shopping. And so the point, there are basically two questions that would be posed to a series of four panels over the two-day period and then have discussion. What does one-stop shopping mean, and what is required to make it work, particularly if we start with perhaps a more limited scope than the entire set of all the vocabularies and all the subsets and all the value sets? Then what should go first, and what should come later? What

are the priorities? But with the overall focus being on coming out of these hearings with a good understanding of the set of requirements that should be required of a centralized infrastructure.

We will, in our update to the standards committee next week, I will plan to give an update on that vocabulary, those upcoming vocabulary hearings and give that to the full committee. Then, following that, we should be able to get out the invitation letters to potential panelists.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jamie, you dropped off.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, I'm here.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Sorry.

Judy Sparrow – Office of the National Coordinator – Executive Director
You were just talking about the invitation letter after the meeting.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Right. I think that's it for that item. Any questions about the vocabulary hearing from those on the call?

Lisa Carnahan – National Institute of Standards Technology – Chair
None here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Okay.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
Then, Judy, I think, if there's no other business for this call, I think we're ready to hear any public comments, and then end the meeting.

Judy Sparrow – Office of the National Coordinator – Executive Director
We get some free time. Okay, operator. Could you see if there are anybody from the public who would like to make a comment?

Operator
We do not have any comment at this time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you. Thank you, Jamie.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy
All right. Thanks, everybody.